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# LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration  1. Effective Date of Registration 01/01/2006  
 2. House Identification Number \_\_\_\_\_ Senate Identification Number \_\_\_\_\_

## REGISTRANT

3. Registrant name Tarplin, Downs & Young, LLC  
 Address 1212 New York Avenue, N.W. Suite 1050  
 City Washington State DC Zip 20005 USA

4. Principal place of business (if different than line 3)  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

5. Telephone number and contact name  
202-898-4733 Contact Ms. Jennifer B. Young E-mail jyoung@tdyllc.com

6. General description of registrant's business or activities  
Consulting Firm

**CLIENT** *A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check the box labeled "Self" and proceed to line 10.*  Self

7. Client name AstraZeneca  
 Address 701 Pennsylvania Avenue, NW Suite 500  
 City Washington State DC Zip 20004 USA

8. Principal place of business (if different than line 7)  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

9. General description of client's business or activities  
Healthcare Pharmaceuticals

## LOBBYISTS

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any person listed has served as a "covered executive branch official" or "covered legislative branch official" within two years of first a lobbyist for the client, state the executive and/or legislative position(s) in which the person served.

Name	Covered Official Position (if applicable)
Raissa H. Downs	
Linda E. Tarplin	
Jennifer B. Young	

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Registrant Name Tarplin, Downs & Young, LLC

Client Name AstraZeneca

### LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, page

MMM

12. Specific lobbying issues (current and anticipated)

Medicare, Medicaid

### AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrant in a semiannual period **and** in whole or in major part plans supervises or controls the registrant's lobbying activities?

No ⇒ Go to line 14.

Yes ⇒ Complete the rest of this section for each entity matching the criteria above, then proceed to line 14.

Name	Address	Principal place of Business (city and state or country)

### FOREIGN ENTITIES

14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13: **OR**
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsidizes activities of the client or any organization identified on line 13: **OR**
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the outcome of that lobbying activity?

No ⇒ Sign and date the registration.

Yes ⇒ Complete the rest of this section for each entity matching the criteria above, then sign and date the registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ownership percentage

Signature Jennifer B. Young  
Printed Name and Title Jennifer B. Young - Partner

Date Feb 13, 2006

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